

REPORTS INVENTORY

CONTROL NO. DDS/OL/SD 33

XXXXXXXXXX

PREPARE IN DUPLICATE

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE
OF
REPORT

<input checked="" type="checkbox"/>	STATISTICAL
<input type="checkbox"/>	NARRATIVE
<input type="checkbox"/>	MACHINE-NAME LISTING

Monthly Report - Packing and Crating

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL
OTHER (specify)

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not
number of copies)7. FORMAT (memorandum, form
computer print-out, etc)
Form

8. ADP PROCESSING

YES

IF YES GIVE ADP PROCESSING NO.

X

NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

10. PREPARING COMPONENT (include lowest level
contributing information to report)11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

/Packing & Crating

1 Report - Packing and Crating Form.

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
WS-8	\$5.00		8		\$40.00		12		\$480.00

B. COSTS OF COMPUTER PRODUCED REPORTS

--	--	--	--	--	--	--	--	--	--

TOTAL COSTS PER YEAR

\$480.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.Reflects monthly packing and crating statistics, including material
packed and shipped or packed and awaiting shipment.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

RETAIN AS IS

OTHER (explain)

MAN-HOURS

DOLLARS

CHANGE

DISCONTINUE

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

22 September 70